

N13977

**ELSA – 50+ Health & LIFE
HEALTH VISIT CONSENT BOOKLET (WAVE 11)**

Please use capital letters and write in ink

NAME/ADDRESS – WRITE IN:

ATTACH BAR CODE LABEL:

RESPONDENT NAME:

ADDRESS:

D

POSTCODE:

1. Serial Number

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Ck

Person

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2. Biomedical Fieldworker number

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3. Date schedule completed

DAY				MONTH				YEAR			

4. Point number

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5. Full name (of respondent)

6. Sex

Male

1

Female

2

6. Date of birth:

DAY

MONTH

YEAR

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7. **SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM**

YES

NO

a) Blood pressure results to GP

01

02

b) Sample of blood to be taken

03

04

c) Blood sample results to GP

05

06

d) Blood sample results to respondent

07

08

e) Blood sample for storage

09

10

f) Lung function consent

11

12

g) Hair sample to be collected

13

14

ENGLISH LONGITUDINAL STUDY OF AGEING (ELSA W11)

DESPATCH NOTE FOR BLOOD SAMPLES

(OFFICE COPY)

Complete all sections and return in consent booklet to Brentwood.

1. BLOOD SAMPLE TUBES DESPACHED (TICK RELEVANT BOXES):

1.8ml Citrate: Blue	
6ml Plain: Red	
2ml Fluoride: Grey	
2ml EDTA: Purple - Light	

2. SEX: Male 1
 Female 2

3. DATE OF BIRTH: Day Month Year

4. BLOOD TAKEN: Day Month Year

5. BLOOD SAMPLES DESPACHED: Day Month Year

6. BARCODE: D ATTACH BARCODE LABEL

7. BIOMEDICAL FIELDWORKER NUMBER:

8. POINT NUMBER:

BLOOD PRESSURE TO GP CONSENT (OFFICE COPY)

1. I consent to the National Centre for Social Research (NatCen) informing my General Practitioner (GP) of my blood pressure results.

I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Please write your initials on the line below if consent given

LUNG FUNCTION TO GP CONSENT (OFFICE COPY)

1. I consent to the National Centre for Social Research informing my General Practitioner (GP) of my lung function results.

I am aware that the results of my lung function measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Please write your initials on the line below if consent given

BLOOD PRESSURE TO GP CONSENT (RESPONDENT COPY)

1. I consent to the National Centre for Social Research (NatCen) informing my General Practitioner (GP) of my blood pressure results.

I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Please write your initials on the line below if consent given

LUNG FUNCTION TO GP CONSENT (RESPONDENT COPY)

1. I consent to the National Centre for Social Research informing my General Practitioner (GP) of my lung function results.

I am aware that the results of my lung function measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.

Please write your initials on the line below if consent given

BLOOD SAMPLE CONSENT (OFFICE COPY)

1. I consent to a NatCen or Inuvi biomedical fieldworker taking a sample of my blood on behalf of the National Centre for Social Research (NatCen).

I understand that the sample will be analysed for total cholesterol, HDL cholesterol, fibrinogen, C-reactive protein, ferritin, glycated haemoglobin and haemoglobin, white cell count, Vitamin D, insulin-like growth factor 1 (IGF-1), and other hormones. This blood sample will not be used to test for the HIV virus. The purpose and procedure have been explained to me by the biomedical fieldworker and I have had an opportunity to discuss this with him/her. I have received a written explanation of these matters.

Please write your initials on the line below if consent given

2. I consent to the National Centre for Social Research (NatCen) informing my General Practitioner (GP) of the blood sample analysis results. I am aware that the results of my blood sample analysis may be used by my GP to help him/her monitor my health and that my GP may wish to include the results in any future report about me.

Please write your initials on the line below if consent given

3. I consent for samples of my blood to be stored and used in the future for medical research studies of common diseases and the ageing process. I understand that all blood test results and related information will be coded so I cannot be identified. Access to my name and address will be restricted to the research team at the National Centre for Social Research through the use of a unique identification number. For purposes of scientific analyses, links to my name will be held separately and securely from any data collected. Only research approved by the study team and an independent NHS Research Ethics Committee will be allowed, now and in the future and the sample will not be tested for HIV.

Please write your initials on the line below if consent given

I understand that I may withdraw this consent (as described in the information leaflet) at any time by contacting the investigators in writing, without giving any reasons and at no penalty.

BLOOD SAMPLE CONSENT (RESPONDENT COPY)

1. I consent to a NatCen or Inuvi biomedical fieldworker taking a sample of my blood on behalf of the National Centre for Social Research (NatCen).

I understand that the sample will be analysed for total cholesterol, HDL cholesterol, fibrinogen, C-reactive protein, ferritin, glycated haemoglobin and haemoglobin, white cell count, Vitamin D, insulin-like growth factor 1 (IGF-1), and other hormones. This blood sample will not be used to test for the HIV virus. The purpose and procedure have been explained to me by the biomedical fieldworker and I have had an opportunity to discuss this with him/her. I have received a written explanation of these matters.

Please write your initials on the line below if consent given

2. I consent to the National Centre for Social Research (NatCen) informing my General Practitioner (GP) of the blood sample analysis results. I am aware that the results of my blood sample analysis may be used by my GP to help him/her monitor my health and that my GP may wish to include the results in any future report about me.

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3. I consent for samples of my blood to be stored and used in the future for medical research studies of common diseases and the ageing process. I understand that all blood test results and related information will be coded so I cannot be identified. Access to my name and address will be restricted to the research team at the National Centre for Social Research through the use of a unique identification number. For purposes of scientific analyses, links to my name will be held separately and securely from any data collected. Only research approved by the study team and an independent NHS Research Ethics Committee will be allowed, now and in the future and the sample will not be tested for HIV.

Please write your initials on the line below if consent given

I understand that I may withdraw this consent (as described in the information leaflet) at any time by contacting the investigators in writing, without giving any reasons and at no penalty.

HAIR SAMPLE CONSENT (OFFICE COPY)

1. I give my consent to use a sample of my hair for tests of cortisol and future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the hair sample and related information will be coded so I cannot be identified, and used for non-commercial research purposes only, and will not be tested for HIV. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons.

Please write your
initials on the line
below if consent
given

SIGNATURES FOR CONSENT BOOKLET (OFFICE COPY)

Print name (respondent): _____

Signed (respondent): _____

Date: _____

Print name (biomedical fieldworker): _____

Signed (biomedical fieldworker): _____

Date: _____

HAIR SAMPLE CONSENT (RESPONDENT COPY)

1. I give my consent to use a sample of my hair for tests of cortisol and future medical research studies of the causes, diagnosis, treatment or outcome of disease. I understand that the hair sample and related information will be coded so I cannot be identified, and used for non-commercial research purposes only, and will not be tested for HIV. I understand that I may withdraw this consent at any time by contacting the investigators in writing, without giving any reasons.

Please write your initials on the line below if consent given

SIGNATURES FOR CONSENT BOOKLET (RESP. COPY)

Print name (respondent): _____

Signed (respondent): _____

Date: _____

Print name (biomedical fieldworker): _____

Signed (biomedical fieldworker): _____

Date: _____

ENGLISH LONGITUDINAL STUDY OF AGEING (ELSA W11)

**DESPATCH NOTE FOR BLOOD SAMPLES
(LABORATORY COPY - NEWCASTLE)**

Complete all sections CLEARLY and LEGIBLY and enclose with samples to laboratory.

1. BARCODE: **D** ATTACH BARCODE LABEL

2. SEX: Male 1
Female 2

3. DATE OF BIRTH: Day Month Year

4. BLOOD COLLECTED: Day Month Year

5. TIME OF COLLECTION: Hr Min (Use 24 hour clock)

6. BIOMEDICAL FIELDWORKER NUMBER:

7. HAD RESPONDENT FASTED?
Yes 1
No 2

8. BLOOD COLLECTED (tick if successful):
BLUE
RED
GREY
PURPLE – Light

9. STORAGE CONSENT: BLOOD
Given 1
Not given 2

LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

FOR LAB USE ONLY

TUBES ENCLOSED:		✓ if rec'd	ACTION REQUIRED
Citrate 1.8ml	BLUE	<input type="checkbox"/>	Fibrinogen
Plain 6ml	RED	<input type="checkbox"/>	Full lipid Profile (Total Cholesterol, HDL, LDL, Triglycerides) Ferritin CRP IGF-1 Vitamin D
Fluoride 2ml	GREY	<input type="checkbox"/>	Fasting Glucose
EDTA 2ml x 1	PURPLE (Light)	<input type="checkbox"/>	1x Hb, HbA1c, WCC, MCH

ELSA WAVE 11

DISPATCH NOTE FOR HAIR SAMPLE – ENVELOPE

Complete all sections **CLEARLY** and **LEGIBLY** and enclose with samples to the office.

1. SERIAL NUMBER:	<div style="display: flex; justify-content: space-around;"> CKL PERSON </div> <input style="width: 30px; height: 30px; margin: 5px 0;" type="text"/> <input style="width: 30px; height: 30px; margin: 5px 0;" type="text"/> <input style="width: 30px; height: 30px; margin: 5px 0;" type="text"/> <input style="width: 30px; height: 30px; margin: 5px 0;" type="text"/> <input style="width: 30px; height: 30px; margin: 5px 0;" type="text"/> <input style="width: 30px; height: 30px; margin: 5px 0;" type="text"/> <input style="width: 30px; height: 30px; margin: 5px 0;" type="text"/> <input style="width: 30px; height: 30px; margin: 5px 0;" type="text"/> <input style="width: 30px; height: 30px; margin: 5px 0;" type="text"/>
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2. POINT NUMBER:

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3. DATE OF BIRTH: Day Month Year

4. SEX: Male

 Female

5. HAIR COLOUR: _____

6. DATE HAIR SAMPLE TAKEN:
 Day Month Year

D	<table border="1" style="margin: 20px auto; border-collapse: collapse; width: 60%;"> <tr> <td style="padding: 5px;"> <p><u>STICK BARCODE HERE</u></p> </td> </tr> </table>	<p><u>STICK BARCODE HERE</u></p>
<p><u>STICK BARCODE HERE</u></p>		

LABELLING ON SAMPLE ENVELOPE AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

ELSA (W11)

OFFICE DISPATCH NOTE FOR HAIR SAMPLE

Complete all sections CLEARLY and LEGIBLY and enclose with samples to the office.

1. SERIAL NUMBER:

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 CKL

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 PERSON

--	--

2. POINT NUMBER:

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3. DATE OF BIRTH: Day

--	--

 Month

--	--

 Year

--	--	--	--

4. SEX: Male

1

Female

2

5. HAIR COLOUR: _____

6. DATE HAIR SAMPLE TAKEN:

Day

--	--

 Month

--	--

 Year

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D

<table border="1" style="margin: auto;"><tr><td style="text-align: center;">STICK BARCODE HERE</td></tr></table>	STICK BARCODE HERE
STICK BARCODE HERE	

LABELLING ON SAMPLE ENVELOPE AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING